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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *none AG*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *none AG*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>AG</i> Examiner's Signature Initials	STATE OR COUNTRY IL	SHEETS DRAWING 8	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 2
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ADDRESS  
 31424  
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 24154 LAKESIDE DRIVE  
 LAKE ZURICH, IL  
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TITLE  
 Cable and apparatus Interface Security Device

FILING FEE  RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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